MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08132

Reg. Dist. No. 2-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1yr. 5 mos. 28 days

Stay in this community (yrs., or mos., or days): 1 yr. 6 mos. 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1733 8 St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: George Bernard

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Nellie Bernard

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Aug. 16. 1891

8. AGE:

Years	Months	Days	If less than one day
47	11	17	____ hrs. ____ min.

9. Birthplace: Montgomery Co. Maryland (Town, county, and state)

10. Usual occupation: Truck Driver

11. Industry or business: Unknown

FATHER

12. Name: Edward Bernard

13. Birthplace: Unknown

MOTHER

14. Maiden name: Elizabeth Stewart

15. Birthplace: Unknown

16. Informant: Deceased

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof Aug 4, 1939 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Theodore Matthew

Address: 614-4½ St. S.W. D.C.

19. August 4th 1939 (Date rec'd by registrar) Leo V. Oldmeier M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 3 1939, at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 4 1938 to Aug. 3 1939, and that I last saw him alive on Aug. 3, 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 yr. 6 mos. from History

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Pinecone M.D. (M. D. or other)

Address: Glenn Dale Sanatorium Date signed: 8/3/1939

Glenn Dale, Md.

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (23) CR

08133

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 1 mo - 5 days
Stay in this community (yrs., or mos., or days): 1 yr. 1 mo - 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 710 - Florida Ave. - N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Robert Bowers

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: separated

B (b) Name of husband or wife: Alice Mole
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 3, 1896

8. AGE: Years: 43 | Months: 2 | Days: 9 | If less than one day: ____ hrs. ____ min.

9. Birthplace: South Carolina
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: Calvin Bowers
13. Birthplace: South Carolina
MOTHER
14. Maiden name: Rebecca Priestly
15. Birthplace: South Carolina
16. Informant: Deceased
Address:
17. Removal (Burial, cremation, or removal. Which?) Date thereof: Aug 15 1939 (month) (day) (year)
Cemetery or crematory: D. C. Morgue
Location: Washington D. C.
18. Funeral director:
Address:
19. Aug 15 1939 (Date rec'd by registrar) Leo V. Schneider, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 12, 1939, at 10:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7, 1938, to Aug. 12, 1939, and that I last saw him alive on Aug. 12, 1939.

Immediate cause of death: Pulmonary tuberculosis — DURATION: 3 yrs. from history
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None.
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 8/12/39
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

B

08134

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale

(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 9 mos. 12 days

Stay in this community (yrs., or mos., or days) 9 mos. 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 434 - 15th St. NE.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Edward Eldridge Bridigan

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen E. Bridigan

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1907

8. AGE: Years	Months	Days	If less than one day
32	5	8	____ hrs. ____ min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Govt. Printing Office

FATHER 12. Name John T. Bridigan

FATHER 13. Birthplace Washington D.C.

MOTHER 14. Maiden name Margaret Carberry

MOTHER 15. Birthplace Boston, Mass

18. Informant Deceased

Address 434 - 15th St. NE Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 9, 1939 (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Wash. D.C.

18. Funeral director H. T. Tattersall

Address 436 - 9th St So Wash D.C.

19. Aug. 5th 1939 (Date rec'd by registrar) Le V. Schneider, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 13 1938, to Aug 5 1939, and that I last saw h[illegible] alive on Aug 5, 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 yrs
Due to	from
	history
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pincare M.D. M. D. or other

Address Glenn Dale Sanatorium Date signed 8/5/39

Glenn Dale Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 15 1929
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

68135

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince Georges

City or town Forestville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 Month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Croome Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Butler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Mary Beall

(6c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1873

8. AGE:	Years	Months	Days	If less than one day
	66	2	18	hrs. min.

9. Birthplace Prince Geo. Co. Md. (Town, county, and state)

10. Usual occupation Preacher

11. Industry or business

FATHER 12. Name James E. Butler

13. Birthplace Prince Geo Co Md

MOTHER 14. Maiden name Priscilla Williams

15. Birthplace Prince Geo. Co Md.

16. Informant Alms House Records.

Address Forestville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/29/1939 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director John T. Stewarts

Address 30 H St. N.E. Wash. D.C.

19. 8/27 19 9 (Date rec'd by registrar) Thos O Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1939, at 5 30/4

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 22 1939, to Aug 27 1939, and that I last saw him alive on Aug 22 1939.

	DURATION
Immediate cause of death Uremic Coma.	
Due to Cardio Vascular Renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E. Boyd M.D. or other

Address Forestville Md Date signed 8-27-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Thos. D. Griffen

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08136

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanitarium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr - 8 mos - 16 days.
Stay in this community (yrs., or mos., or days) 1 yr - 8 mos - 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County: D. C.
City or town: Washington — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1759 Willard St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Curlee Calvit

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married —

B (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 11 - 1908

8. AGE: Years: 31 | Months: 2 | Days: 19 | If less than one day: hrs. min.

9. Birthplace: South Carolina —
(Town, county, and state)

10. Usual occupation: Cab Driver

11. Industry or business: Taxicab Co.

FATHER
12. Name: Lee Calvit
13. Birthplace: South Carolina

MOTHER
14. Maiden name: Susan McMunn
15. Birthplace: South Carolina

16. Informant: Decased —
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Aug 31, 1939 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Robert G. McGuire
Address: 1820-9th St N.W.

19. Aug 31 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 30 — 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/15 1937, to 8/30 — 1939, and that I last saw him alive on 8/30/39 — 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1 yr - 10 mos

Due to: — /

Due to: — /

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: Daniel Lee Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 8/30/1939
Glenn Dale, Md.

RECEIVED
SEP 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08137

1. PLACE OF DEATH (46-C) CB

County Prince George Registration Dist. No. 245

Village or City Hyattsville No. Sacred Heart Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick J. Carroll If U. S. Veteran, specify WAR

(a) Residence: No. 3260 N St N.W. St., Ward. Washington DC

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sallie J. Carroll

6. DATE OF BIRTH (month, day, and year) Aug 5, 1852

7. AGE Years 87 Months 11 Days 30 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fireman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. D. C. Fire Dept

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME John Carroll

14. BIRTHPLACE (city or town) (State or country) ~~Iowa~~ Ireland ok. JEM

MOTHER

15. MAIDEN NAME Mary Condon

16. BIRTHPLACE (city or town) (State or country) ~~Iowa~~ Ireland ok. JEM

17. INFORMANT (Address) Deceased. Sacred Heart Records.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cemetery Date Aug 7, 1939

19. UNDERTAKER (Address) P. J. Saffell 475 H. N. W. Wash DC

20. FILED Aug. 4, 1939 Mrs. Jas Severe Deputy Sr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Aug. 4, 1939

I last saw him alive on Aug 1, 1939; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	Aug 1, 1939
Acute cardiac dilatation	Aug 4, 1939
generalized arteriosclerosis	1932
Malignancy lower bowel	1939
with partial obstruction	
Other Contributory Causes of importance:	
Enlarged Prostate	1939
with retention	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Thomas E. Mattingly M. D.

(Address) 2200 R. Yard N. E. D. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted] WITH UNFADING INK—THIS IS A PERMANENT RECO[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 30 1939
BUREAU, S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34) CB

08138
243

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 8 mos. 10 das.
Stay in this community (yrs., or mos., or days): 8 mos. 10 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 411 - 15½ St., S.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: William Chesley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of ~~husband or~~ wife: Daisy Chesley
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 11, 1911

8. AGE:

Years	Months	Days	If less than one day
28	0	28	hrs. min.

9. Birthplace: Charlotte Hall, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: John Chesley
13. Birthplace: Charlotte Hall, Md.

MOTHER
14. Maiden name: Rosie Gant
15. Birthplace: Charlotte Hall, Md.

16. Informant: Deceased
Address: —

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 11-39 (month) (day) (year)
Cemetery or crematory: Mt Oliviet
Location: Washington, D.C.

18. Funeral director: [illegible]
Address: 3N - V St SE

19. Aug 8 1939 (Date rec'd by registrar) Leo V. Kilmain Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 8 1939, at 5:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 29 1938, to Aug. 8 1939, and that I last saw him alive on Aug. 8, 1939.

Immediate cause of death: Tuberculous Empyema — DURATION 2½ yrs.
Due to: —
Due to: —
Other conditions: Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed 8/8/39

Glenn Dale, Md.

RECEIVED
AUG 15 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08139
Reg. Diat. No. 248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 3 - 5 mo - 23d
Stay in this community (yrs., or mos., or days): 3 - 5 m - 23d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Dist. of Columbia County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 782 Morton St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: George Colston
3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife: Emma Colston
6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Feb 24, 1868

8. AGE: Years	Months	Days	If less than one day
71	6	1	____hrs. ____min.

9. Birthplace: Washington, D. C.
(Town, county and state)
10. Usual occupation: Truckfarmer
11. Industry or business: Fruit & Vegetable
FATHER 12. Name: Permelia Colston
13. Birthplace: Virginia
MOTHER 14. Maiden name: Emma Colston
15. Birthplace: Virginia
16. Informant: Deceased
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: aug 29-1939 (month) (day) (year)
Cemetery or crematory: Payne -
Location: Benning Road - N.E. Washington D.C.
18. Funeral director: Casey & Smith
Address: 2224 - 8th ave. N.W.
19. Aug 26 1939 (Date rec'd by registrar) Leo V. Schmeide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 25 1939, at 9:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/2/36 to aug 25 1939
and that I last saw h- alive on aug 25 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3yr. 6 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State).
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Pinucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 8/25/39

Glenn Dale, Md.

RECEIVED
SEP 6 1939
BUREAU V. S.

08140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince Georges

City or town Beltsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 607 - Montgomery Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Beltsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 607
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Cooper Curtice

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Minnie K Curtice

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 7, 1856

8. AGE: Years 83 | Months .3 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Winsted Conn.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business U. S. Govt Service

FATHER
12. Name Hosea Curtice
13. Birthplace New York

MOTHER
14. Maiden name Susane A Cooper
15. Birthplace New York

16. Informant Helen C Cooley

Address 1924 - First St N.E. DC

17. Removal (Burial, cremation, or removal. Which?) Date thereof Aug 10, 1939 (month) (day) (year)

Cemetery or crematory

Location Moravia, N.Y.

18. Funeral director W. W. Chambers Co.

Address Riverdale, Md.

19. Aug - 9 - 1939 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1939, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Coronary occlusion

Due to Cardio vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I Boyd M. D. or other

Address Forestville Md Date signed 8-8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08141

1. PLACE OF DEATH (130)

County Prince George. Registration Dist. No. 234

Village or City Accokeek No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry V. Day. If U. S. Veteran, specify WAR

(a) Residence: No. Accokeek Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Elsie Day.

6. DATE OF BIRTH (month, day, and year): Jan-29-1894

7. AGE: Years 45 | Months 6 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: sheetmetal.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: worker.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wash. DC

FATHER

13. NAME: Andrew E. Day.

14. BIRTHPLACE (city or town) (State or country): DC

MOTHER

15. MAIDEN NAME: Elizabeth R. Nicholson

16. BIRTHPLACE (city or town) (State or country): DC

17. INFORMANT (Address): Mrs. Mary E. Day.

18. BURIAL, CREMATION, OR REMOVAL Place: Accokeek Date: 8-20, 1939

19. UNDERTAKER (Address): W. W. Chambers. 517-11 St SE W. DC

20. FILED: Aug 17, 1939 Mrs. Alton Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1939, to Aug 17, 1939

I last saw him alive on Aug 16, 1939; death is said to have occurred on the date stated above, at 1.50 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertension	
Nephritis; acute. C.W.G.R.	
Duration: two to three weeks.	

Other Contributory Causes of Importance:

terminal cardiac insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A Schwartzman M. D.

(Address) 2015 Nichols ave SE Washington, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

RECEIVED SEP 7 1928 BUR. U. V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08142

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mount Rainier
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3211 Otis

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): One year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Mount Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3211 Otis
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Hamilton Degges

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Maude

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): December 25, 1883

8. AGE: Years	Months	Days	If less than one day
55	7	12	hrs. min.

9. Birthplace: Washington, D. C.
(Town, county, and state)

10. Usual occupation: Carpenter & Builder

11. Industry or business: Building

FATHER
12. Name: John F. Degges
13. Birthplace: Washington, D. C.

MOTHER
14. Maiden name: Louisa H. Bacon
15. Birthplace: Saint Louis, MO.

16. Informant: Mrs. Margaret L. Brooks
Address: 3211 Otis St., Mt. Rainier, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 8-39 (month) (day) (year)

Cemetery or crematory: Fort Lincoln Cem. Md.

Location: Cottage City Md.

18. Funeral director: Deal Funeral Home

Address: 4812-Georgia Ave. D.C.

19. August 8 1939 (Date rec'd by registrar)

M D Richardson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 6 1939, at 5:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 6 1939, to August 6 1939, and that I last saw him alive on August 6 1939.

	DURATION
Immediate cause of death: Cerebral Apoplexy	6 Hours
Due to: Hypertension —	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: Charles C. Hageage M. D.
M. D. or other

Address: Mt. Rainier, Md. Date signed: 8/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08143

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (1064)

County Pr Ges. Registration Dist. No. 233

Village or City Westwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Theresa Duckett If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 6 - 1939

7. AGE Yeers	Months	Deys	If LESS than 1 dey, ... hrs. or ... min.
	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westwood Md
(State or country) P G C Md

FATHER

13. NAME Arthur Duckett

14. BIRTHPLACE (city or town) Westwood
(State or country) P G C Md

MOTHER

15. MAIDEN NAME Mary E Simmons

16. BIRTHPLACE (city or town) Edgewood Md
(State or country)

17. INFORMANT Arthur Duckett
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Brooks M E Date Aug 24, 1939

19. UNDERTAKER Andrew J Grimes
(Address) Aquasco Md

20. FILED Aug 24, 1939 James B Naylor
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 23 (Dey), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1939, to Aug 23, 1939

I last saw her alive on Aug 23, 1939; deeth is said to heve occurred on the date stated above, at ... m.

The **PRINCIPAL CAUSE OF DEATH** end releted causes of importance were es follows:

	Date of onset
Bronchitis	

Other **Contributory Causes** of Importance:

Neme of operation ... Dete of ...

Whet test confirmed diagnosis? ... Wes there en eu'opsy? ...

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ...

Neture of injury ...

24. Wes disease or injury in any wey releted to occupetion of deceesed? ...

If so, specify ...

(Signed) William H G Abrams M. D.

(Address) Croom Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 7 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08144

1. PLACE OF DEATH (47C)

County Prince George's Registration Dist. No. 246

Village or City Mount Rainier ND. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence E. Emery

(a) Residence: No. 3812 - 32nd St., Ward. N.E

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. C. E. Emery

6. DATE OF BIRTH (month, day, and year) Aug. 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. U.S. Maritime

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Commission

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Bethel (State or country) Vermont

FATHER

13. NAME Alonzo Emery

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Angelus Jeanette Emery

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Mrs. Clarence E. Emery

(Address) 3812 - 32nd St. N.E

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D.C. Date Aug. 14, 1939

19. UNDERTAKER Martin W. Hysong Co.

(Address) 1300 - N St. N.W. - Wash. D.C.

20. FILED Aug 14, 1939 Harry Kelly Weir

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 14th (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Aug 14, 1939

I last saw him alive on Aug 12, 1939; death is said to have occurred on the date stated above, at 12:25 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of the Bronchus	6-1-39

Other **Contributory Causes** of importance:

none

Name of operation none Date of ...

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Hill Carter M. D.

(Address) 1029 Vermont Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 25 1939
U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08145

1. PLACE OF DEATH

County Prince George Registration Dist. No. 239

Village or City Near Laurel, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Fisher If U.S. Veteran specify WAR

(a) Residence: No. Laurel, Md. (Oakcrest) St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of: Jack Fisher

6. DATE OF BIRTH (month, day, and year): Aug. 22, 1888

7. AGE: Years 50 | Months 11 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Seamstress

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Clothing Factory

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 30yrs.

12. BIRTHPLACE (city or town) (State or country): Middleburg, Va.

FATHER

13. NAME: Wm Howard Redmond

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sally F. Nalls

16. BIRTHPLACE (city or town) (State or country): Linden, Va.

17. INFORMANT (Address): Jannie Collins

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Ivy Hill Laurel Date: Aug. 4, 1939

19. UNDERTAKER (Address): DeWitt Donaldson Laurel, Md.

20. FILED: Aug 3, 1939 Cora E. Wachter Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 2, 1939 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1938, to Aug 2, 1939

I last saw her alive on Aug 2, 1939; death is said to have occurred on the date stated above, at 9:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma Breast X

Lung

Date of onset: ?

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N B Redmond M. D.

(Address) Laurel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(173)

08146

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georges

City or town Upper Marlboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Upper Marlboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizbeth Ford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Francis Ford

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1917

8. AGE: Years 21 | Months 7 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Melwood, Prgs Co Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name George Oden

13. Birthplace Maryland

MOTHER 14. Maiden name Annie Pinkney

15. Birthplace Maryland

16. Informant Francis Ford

Address Upper Marlboro

17. Burial (Burial, cremation, or removal (Which?)) Date thereof Aug. 8-39 (month) (day) (year)

Cemetery or crematory Pinney Gen. Col. Adams House

Location Baltimore, Md.

18. Funeral director Pickett Bros. Inc.

Address Upper Marlboro Md

19. Aug 8 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1939, at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause of death Gun shot wound in abdomen	
Due to Hemorrhage & shock	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Stomach, liver, common duct & colon

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 8-5-39

Where did injury occur? Upper Marlboro (City or town) Pr Ges (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Place

Means of injury Injured at work?

23. SIGNATURE James L. Boyd M. D. or other

Address Forestville Date signed 8-7-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

08147

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town Cosmody Hills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cosmody Hills drive + 70th St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Cosmody Hills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 70th St and Cosmody Hills drive
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Gilford Foster

3. (b) Social Security Number 579-12-3703

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Ella May Foster
6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1881

8. AGE: Years	Months	Days	If less than one day
58	6	18	hrs. min.

9. Birthplace Bedford County Virginia (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business Small contractor
FATHER 12. Name Thomas Peyton Foster
13. Birthplace Virginia
MOTHER 14. Maiden name Betty Hunter Womack
15. Birthplace Virginia
16. Informant Ella M Foster
Address Cosmody Hills
17. (Burial, cremation, or removal. Which?) Date thereof Aug 22, 1939 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location
18. Funeral director J. Wm Lee Sons
Address 300-4th-N.E.
19. Aug 20 1939 (Date rec'd by registrar) Rene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1939, at 7:14 PM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , and that I last saw ~~him~~ alive on 19 .

Immediate cause of death Cardio vascular renal disease
acute congestive heart failure — DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M.D. or other
Address Forestville Md Date signed 9-20-39

(over)

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Body Removed to Washington D.C.
afterward buried in Cedar Hill in Prince
George's Co.

08148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(49-A)

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George

City or town Laurel Md. (If outside city or town limits, write RURAL NEAR and give town)

WITHIN CORPORATE LIMITS OF

Street address, ~~hospital, or institution~~: 103 Main St.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Laurel Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 103 Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Annie Mariah Galvin

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ R. E. Galvin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 19 - 1858

8. AGE: Years 80 Months 11 Days 3 If less than one day ____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Capt. James Harrington
13. Birthplace Maryland

MOTHER
14. Maiden name Mary A. Cicil
15. Birthplace A.A. Co. Md.

16. Informant R. E. Galvin

Address Laurel Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Aug 23/39 (month) (day) (year)

Cemetery ~~or crematory~~ Nat. Cap. Mem. Park

Location Near Laurel

18. Funeral director DeWitt Donaldson

Address 105 Main St. Laurel Md.

19. Aug 23 1939 (Date rec'd by registrar) M. Brashears Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 21 1939, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1939, to Aug 21 1939, and that I last saw her alive on Aug 21 1939.

Immediate cause of death

Carsoma sigmoid

Due to uterus, ovaria.

Primary carsinoma of ovaries. C.W.G.R.

Due to Carsonoma sigmoid, uterus, ovarias.

Other conditions Duration: not stated.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. B. [illegible] M.D. or other

Address Laurel Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-D

CERTIFICATE OF DEATH

08149

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Prince Georges

City or town Forestville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Alms House.

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) ~~1~~

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Takoma Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Getting

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of ~~husband or~~ wife Mary Leigas

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1856

8. AGE: Years 83 | Months ~~Sept~~ 11 | Days ~~22~~ | If less than one day ____hrs. ____min.

9. Birthplace District Columbia D.C. (Town, county, and state)

10. Usual occupation Clerk Well diggs

11. Industry or business

FATHER 12. Name Hartley Gettings

FATHER 13. Birthplace Catlsville, Md.

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown

16. Informant George F. Gunnard

Address Takoma Park Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 25, 1939 (month) (day) (year)

Cemetery or crematory St. Johns. (Olney)

Location Montgomery Co. Md.

18. Funeral director Warnick E. Pumphrey

Address 8424 Ga. Ave. Silver Spring Md.

19. 8-22-1939 (Date rec'd by registrar) Thos D Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____1939____, to ____1939____, and that I last saw h____alive on ____1939____

Immediate cause of death	DURATION
a. Cardiac failure	
Due to myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md. Date signed 8-22-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23) CB

08150

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 16 days
Stay in this community (yrs., or mos., or days) 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County D. C.
City or town Washington Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 721 Princeton Place N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Morris Glass

3. (b) Social Security Number 579-03-7648

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ____
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 25, 1913

8. AGE: Years 26 | Months 1 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Richmond Va.
(Town, county, and state)

10. Usual occupation Clerk.

11. Industry or business

FATHER 12. Name Charles Glass
13. Birthplace London England.

MOTHER 14. Maiden name Annie Katz
15. Birthplace Austria

16. Informant Deceased
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 24-1939 (month) (day) (year)
Cemetery or crematory Evergreen Cemetery
Location Washington DC.

18. Funeral director B. Dangansky & Son
Address 3501 14th St N.W.

19. Aug 23 1939 (Date rec'd by registrar) Leo V. Altmeyer, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1939, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 1939, to Aug 23, 1939, and that I last saw h[illegible] alive on Aug 23, 1939.

Immediate cause of death	DURATION
Pulmonary tuberculosis	11 mos.
Due to	
Due to Genito-Urinary tuberculosis	
Other conditions Cerebro-Spinal Meningitis tuberculosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy none.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 8/23/39
Glenn Dale, Md.

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SEP 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08151

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prg Georges — Registration Dist. No. 231

Village or City Brentwood md — No. 4440 Charles St — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Graves

(a) Residence: No. Brentwood md St., 4440 Charles st Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances L. Graves

6. DATE OF BIRTH (month, day, and yeer) 1871

7. AGE Years	Months	Deys	If LESS than 1 day, hrs. or min.
68 Years			

OCCUPATION

8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 10/1939

11. Total time (years) spent in this occupetion 50 yrs

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Frances L. Graves
(Address) Brentwood Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lot Lincoln Dete Aug 16, 19 39

19. UNDERTAKER L. Gaddis
(Address) Hyattsville Md

20. FILED Aug 16, 19 39 J. Dr. Mc Gregor.
Registrar.
LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 14, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1939, to Aug 14, 1939; I last saw h 7 alive on Aug 14 1939; death is said to have occurred on the date stated above, at 3:40 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac delatation — Date of onset Aug 14 1939
over exertion July 14
(causing a heart attack)

Other Contributory Causes of importance:
Diabetes Mellitus
Bronchitis 2 yrs 1937

Name of operation 0 Date of

What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in eny wey related to occupation of deceased? No

If so, specify

(Signed) Thos L Collins M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08152

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George County
City or town: Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 yr 8 mos
Stay in this community (yrs., or mos., or days): 30 yrs residential wash

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother).
State: District of Columbia County
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1468 Belmont St. SE
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Harley

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married
8 (b) Name of husband or wife: Mary L. Harley
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): June 21st - 1898

8. AGE: Years: 41 Months: 1 Days: 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Blacksmiths helper
11. Industry or business: Navy Yard

FATHER
12. Name: Wm H Harley
13. Birthplace: Md

MOTHER
14. Maiden name: Margaret A Proctor
15. Birthplace: Md

16. Informant: deceased
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Aug 13 - 1939. (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director: Robt G. Mason
Address: 2500 - Nichols Ave SE
19. Aug 13 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13th 1939, at 12 30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13th 1937, to Aug 13th 1939, and that I last saw him alive on Aug 13th 1939.

Immediate cause of death: Pulmonary Tuberculosis
DURATION: 1 yr 8 mos Dec 13 1937
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed 8/13/39
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

08153

243

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 1 mo. 6 days

Stay in this community (yrs., or mos., or days): 1 yr. 1 mo. 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1613 - 11th. - S.T. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME Philip Hicks

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married (separated)

6 (b) Name of husband or wife: Leola Hicks

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1896

8. AGE: Years	Months	Days	If less than one day
42	11	9	hrs. min.

9. Birthplace: Bladensburg, Md. (Town, county, and state)

10. Usual occupation: Truck driver

11. Industry or business

FATHER 12. Name: Philip Hicks

FATHER 13. Birthplace: Wilmington, Delaware

MOTHER 14. Maiden name: Josephine Wright

MOTHER 15. Birthplace: Bladensburg, Md.

16. Informant: Deceased.

Address

17. (Burial, cremation, or removal. Which?) Removal Date thereof: Aug 16, 1939 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director: H. Ernest Davis

Address 1432 You St N.W.

19. Aug 16 1939 (Date rec'd by registrar) Leo N. Almeida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 15, 1939, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9, 1938, to Aug. 15, 1939, and that I last saw him alive on Aug. 15, 1939.

Immediate cause of death: Pulmonary tuberculosis — DURATION: 1 yr. 2 mo.

Due to: from history.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none.

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 8/15/39

Glenn Dale, Md.

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BUREAU V. S.

08154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23) OB

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 25 days

Stay in this community (yrs., or mos., or days): 1 yr. 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2356 - 6th - ST - N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: George Holland

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lucille Holland

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 6, 1908

8. AGE: Years 30 | Months 9 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace: South Carolina
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Bill Holland
13. Birthplace: South Carolina

MOTHER
14. Maiden name: Eliza Mayson
15. Birthplace: South Carolina

16. Informant: Deceased.

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Aug 13 1939 (month) (day) (year)

Cemetery or crematory: Johnson, S.C.

Location:

18. Funeral director: Jeffrey L. Lowe Co

Address: 913 Florida Ave N.W.

19. Aug 13 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 13, 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1938, to Aug. 13, 1939, and that I last saw him alive on Aug. 13, 1939.

Immediate cause of death: Pulmonary tuberculosis

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none.

Of autopsy:

DURATION: 1 yr 5 mo. from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 8/13/39

Glenn Dale, md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

CERTIFICATE OF DEATH

08155

Reg. Dist. No. 243

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 7 mos - 18 days
Stay in this community (yrs., or mos., or days) 7 mos - 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County D.C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1907 - Nicholas ave S.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME James Jones -

3. (b) Social Security Number none given -

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married -
6 (b) Name of husband or wife: Peggy Joyce Jones
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 9/29/19
8. AGE: Years (29) 29 | Months 11 | Days 18 | If less than one day ____ hrs. ____ min.
9. Birthplace: Danville - Virginia
(Town, county, and state)
10. Usual occupation: Billiard room proprietor
11. Industry or business: Billiard room
FATHER 12. Name: Sonny K. Jones -
FATHER 13. Birthplace: Danville Va.
MOTHER 14. Maiden name: Mary Elizabeth Palmer
MOTHER 15. Birthplace: Danville Va.
16. Informant: deceased -
Address —
17. Removal (Burial, cremation, or removal. Which?) Date thereof Aug 27-1939. (month) (day) (year)
Cemetery or crematory ____
Location Washington D.C.
18. Funeral director: Deal Funeral Home
Address 4812 Georgia Ave West D.C.
19. Aug 27 (Date rec'd by registrar) 19 39 Leo V. Allender M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27- 1939, at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9- 1939, to Aug-27 1939, and that I last saw him alive on Aug 27- 1939.

Immediate cause of death: Pulmonary Tuber-
Culosis

DURATION: 9 months

Due to —

Due to —

Other conditions: none -

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Pinneane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 8/27/39
Glenn Dale, md.

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08156

Reg. Dist. No. 235

1. PLACE OF DEATH:
County Prince Georges
City or town Cedar Heights
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 64th and Homer Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Ceder Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 64th and Homer Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Jones

3. (b) Social Security Number

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Eva Jones
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Jan 10, 1883

8. AGE: Years 56 Months 7 Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Truck Driver
11. Industry or business Meat Market
FATHER 12. Name Grant Jones
13. Birthplace Washington D.C.
MOTHER 14. Maiden name Lydia
15. Birthplace Virginia
16. Informant Frank E. Jones
Address Glenarden
17. Removal. (Burial, cremation, or removal. Which?) Date thereof 8-23-1939 (month) (day) (year)
Cemetery or crematory Payne's
Location Bennings Rd. D.C.
18. Funeral director M. V. Malvan
Address 424 R st NW
19. 8/23 1939 (Date rec'd by registrar) Thos. D. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1939, at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.
Immediate cause of death Acute cardiac failure
Due to Aortic regurgitation
Due to Cardio vascular syphilis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or other
Address Forestville Md Date signed 8-23-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

08157

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

CERTIFICATE OF DEATH

Reg. Dist. No. 2X6

1. PLACE OF DEATH:

County Prince George

City or town Mt Rainier
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 years / 0 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Prince George

City or town Mt Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3505-37-Ab
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Douglas Kanode

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Martha Kanode

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1910

8. AGE: Years 28 | Months 8 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Milk

FATHER
12. Name James Kanode
13. Birthplace Virginia

MOTHER
14. Maiden name Eva King
15. Birthplace Washington D.C.

16. Informant Herman Schommer

Address 2922-10th St. N.E. Wash. D.C.

17. ~~Cedar Hill~~ Burial Date thereof Sept. 2, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Prince Georges County, Md

18. Funeral director H. H. Chambers

Address 918 Cleveland Ave, Riverdale Md

19. Aug 31 1939 Harry Kelly M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1939, at 5:40

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Gas poisoning, Carbon Monoxide

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 8-30-39

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H Boyd M. D. or other

Address Westville Date signed 8-30-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

081582 43

Reg. Dist. No. ~~249~~

1. PLACE OF DEATH:

County Prince George Md.

City or town Glenn Dale (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 9 yrs - 3 days.

Stay in this community (yrs., or mos., or days) 9 yrs - 3 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County D.C.

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 310 - C. St. N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary E. Keen

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Millard Keen

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 25 - 1906

8. AGE: Years 32 | Months 9 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: West Virginia
(Town, county, and state)

10. Usual occupation: None -

11. Industry or business: —

FATHER
12. Name: Shad Cattrel
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Joseania Gill
15. Birthplace: West Virginia

16. Informant: Deceased

Address: —

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/12/39 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Prince George Co - Md.

18. Funeral director: H. W. Chambers

Address: 918 Cleveland Ave, Riverdale

19. 8/9 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 9 - 1939, at 7:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 6 - 1930, to Aug 9 1939, and that I last saw her alive on Aug 9 - 1939.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy

DURATION: 9 yrs from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) — —

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other

Address Glenn Dale Sanatorium Date signed 8/9/39

Glenn Dale, Md.

RECEIVED
SEP 6 1939
BUREAU V. S.

08159

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 232

Village or City Upper Marlboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Lee Kerr If U. S. Veteran, specify WAR

(a) Residence: No. Upper Marlboro Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Kerr

6. DATE OF BIRTH (month, day, and year) April 11, 1864

7. AGE Years 75 Months 4 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) August 12 1939

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

MOTHER

15. MAIDEN NAME Margaret Waring

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

17. INFORMANT (Address) Mrs. Henry Nicholson Upper Marlboro Md

18. BURIAL, CREMATION, OR REMOVAL Upper Marlboro, Md Date 8/18, 1939

19. UNDERTAKER (Address) Ritchie Brothers Upper Marlboro, Md

20. FILED Aug 17, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935, to Aug 15, 1939

I last saw her alive on Aug 14, 1939, death is said to have occurred on the date stated above at 10 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic organic heart disease	Since 1935

Other Contributory Causes of importance:

Lymphangitis of left leg.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reverdy Sassau M. D.

(Address) Upper Marlboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted]LY, WITH UNFADING INK—THIS IS A PERMANENT RECO[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 6 1927
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08160

STATE OF MARYLAND—CERTIFICATE OF DEATH

(59)

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 232

Village or City Upper Marlboro Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Maud Deale King If U. S. Veteran, specify WAR

(a) Residence: No. Upper Marlboro Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Luther King

6. DATE OF BIRTH (month, day, and year) Dec 9, 1866

7. AGE Years 62 Months 7 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leland P Geo Co.
(State or country) Maryland

FATHER
13. NAME Richard F Deale
14. BIRTHPLACE (city or town) Anne Arundel Co
(State or country) Md

MOTHER
15. MAIDEN NAME Ella Rebecca Hardy
16. BIRTHPLACE (city or town) Prince Geo Co
(State or country) Md

17. INFORMANT Thomas Luther King
(Address) Upper Marlboro Md

18. BURIAL, CREMATION, OR REMOVAL
Place Upper Marlboro, Md Date Aug. 10, 1939

19. UNDERTAKER Tilden Bros
(Address) Upper Marlboro, Md

20. FILED Aug 9, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to Aug 8, 1939
I last saw her alive on Aug 7, 1939; death is said to have occurred on the date stated above, at 7:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Jan 4 1935
Diabetes Mellitus	

Other Contributary Causes of importance:

Cerebral hemorrhage	Aug 6 1939

Name of operation Date of

What test confirmed diagnosis? urine + blood Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Reverdy Sasscio M. D.
(Address) Upper Marlboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted]LY, WITH UNFADING INK—THIS IS A PERMANENT RECO[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 6 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08161

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-8)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 239

Village or City Laurel Md. No. Laurel Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 11 yrs. 1 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louise King

(a) Residence: No. 1509 Mt. Royal Ave. Balto. St. Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. Jackson King

6. DATE OF BIRTH (month, day, and year): April 2-1886

7. AGE: Years 53 Months 4 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Sept. 1924

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John P. Steinbach

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Neubar

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Sanitarium Records Laurel Sanitarium, Laurel, Md

18. BURIAL, CREMATION, OR REMOVAL Place: Druid Ridge Date: Aug. 11, 1939

19. UNDERTAKER (Address): Stewart & Mowells Baltimore, Md.

20. FILED: Aug 8, 1939 Cora E. Walter, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1936, to Aug. 8, 1939

I last saw her alive on Aug. 8, 1939; death is said to have occurred on the date stated above, at 5:10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Unk.

Other Contributory Causes of Importance:

Thrombosis of veins of abdomen and right leg.

Name of operation: Date of

What test confirmed diagnosis: Clinical tests Was there an autopsy? N

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John L. Wethered M. D.

(Address) Laurel, Sanitarium, Laurel Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH [illegible] INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully [illegible]. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
SEP 2 1933
BUREAU U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08162

STATE OF MARYLAND—CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

County Prince George Registration Dist. No. 239

WITHIN CORPORATE LIMITS OF Village or City Laurel Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James (Ford) Matthews If U. S. Veteran, specify WAR

(a) Residence: No. Talbot Ave. St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1938

7. AGE: Years | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data decaased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME Robert Ford.

14. BIRTHPLACE (city or town) (State or country) Bowie Md.

MOTHER

15. MAIDEN NAME Grace Matthews.

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT (Address) Grace Mathews Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bacons Chapel Data Aug 25, 1939

19. UNDERTAKER (Address) Ridgley Selby 401 Wash Ave Laurel Md

20. FILED Aug 24, 1939 Cora E. Wachter Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1939, to Aug 23, 1939

I last saw him alive on Aug 23, 1939, death is said to have occurred on the data stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Primary Bronchopneumonia — Date of onset 8-18-39

There was no evidence of any associated (contagious) disease. C.W.S.R.

X-ray of long bones of the legs showed scurvy.

Other Contributory Causes of Importance: Malnutrition

Child was in extremis when physician first saw him

Name of operation Date of

What test confirmed diagnosis? PE Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was diseese or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) J. M. Warren M. D.

(Address) Laurel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED SEP 3 1935 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08163

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 242

1 PLACE OF DEATH

County Prince Georges

Village or City ..... (No. 5200 Eastern Ave St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Andrew Mitchell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Divorced

6 DATE OF BIRTH unknown (Month) (Day) 1 (Year)

7 AGE 68 yrs. ..... mos. ..... ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work Store Keeper
(b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country) Louisiana

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (State or country) unknown
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Mrs. Lafond Twine (Informant)
(Address) 1361 - 4th. Ave N.E.

15 Filed 8-26- 1939 Irene A. Conner Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 24, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug 23 1939 to Aug 24, 1939, that I last saw him alive on Aug 23, 1939 and that death occured on the date stated above, at 7A m.

The CAUSE OF DEATH * was as follows:

Congestive Heart Failure

(Duration) ..... yrs. 3 mos. — ds.

Contributory Secondary .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin L. Williams M. D.
8/24 1939 (Address) 4629 Deane Ave NE

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Prince Geo Co

DATE OF BURIAL 8/26, 1939

20 UNDERTAKER J. B. Johnson

ADDRESS Annapolis

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*,, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1939

This doctor ought to have some new certificates.

08164

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (95-P)

County Pro Georges County Registration Dist. No. 245

Village or City Riverdale Maryland No. 203 West Madison Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary E. Montgomery

(a) Residence: No. Riverdale Md St., 203 West Madison Ave Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George F Montgomery.

6. DATE OF BIRTH (month, day, and year) 25 May 1866.

7. AGE: — Years 73 Months 3 Days — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓ Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liberty Tioga Co. Pennsylvania

FATHER

13. NAME ~~Mary E Montgomery~~ Harrison Ridge

14. BIRTHPLACE (city or town) (State or country) Liberty Tioga Penn.

MOTHER

15. MAIDEN NAME Kimball

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Lula M. Decker. 757 N. 20 - Phila Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Williamsport Pa Date Aug 15, 1939

19. UNDERTAKER (Address) F. Gasch's Sons Hyattsville Md

20. FILED Aug 14, 1939 Mrs. Jas Devere Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 13, 1939, to Aug 13, 1939

I last saw her alive on Aug 13, 1939; death is said to have occurred on the date stated above, at 3.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other Contributory Causes of importance:

Cardio Renal Disease

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C Eckhardt M.D.

(Address) 1834 Chicago N.W. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08165

1. PLACE OF DEATH Prince George (95-E)

County ~~Howard~~ County Registration Dist. No. 239

Village or City Oak Crest No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 5 mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Katherine Moore If U. S. Veteran, specify WAR

(a) Residence: No. Oak Crest St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Philip Moore

6. DATE OF BIRTH (month, day, end year): ?

7. AGE: Years 77 | Months ? | Days ? | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): George Moore, Sefton St Balto

18. BURIAL, CREMATION, ~~OR REMOVAL~~

Place: Western Cemetery Date: Aug 30, 1939

19. UNDERTAKER (Address): Edward Toulson, 2359 Wash Blvd

20. FILED: August 28, 1939 Corp E. Wachter, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 28 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939, to Aug 28, 1939

I last saw her alive on 8-28-1939; death is said to have occurred on the date stated above, at 9 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerotic heart disease — Date of onset: 1937

Other Contributory Causes of importance: possible gastric malignancy

Name of operation ___ Date of ___

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) J. M. Warren M. D.

(Address) Laurel, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08166

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-B)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 235

Village or City Hall Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adam C Perkins If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept. 26, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired P. O. Clerk.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tennessee (State or country)

FATHER

13. NAME Lindsey S. Perkins.

14. BIRTHPLACE (city or town) Tenn. (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Daniel M. Seay (Address) 500 Taft. ave. Hillside

18. BURIAL, ~~CREMATION, OR REMOVAL~~ St. Barnabas cem. Place Leland Md. Date Aug. 29, 1939

19. UNDERTAKER W. W. Chambers Co. (Address) 517 - 11th St. S.E.

20. FILED 8-26, 1939 Thos. D. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1939, to Aug 25, 1939

I last saw him alive on Aug 25, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	since 1 year 1938

Other Contributory Causes of Importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Reverdy Sasscer M. D.

(Address) Upper Blackbird Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted], WITH UNFADING INK—THIS IS A PERMANENT REC[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08167243

CB (28)

Reg. Dist. No. 249

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 25 days
Stay in this community (yrs., or mos., or days) 1 yr. 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1537 Eye St. N. W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME John Thomas Price

3. (b) Social Security Number

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife unknown
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) March 31-1900

8. AGE: Years 39 Months 4 Days 8 If less than one day ____ hrs. ____ min.

9. Birthplace Montgomery Cty. Maryland
(Town, county, and state)
10. Usual occupation
11. Industry or business Owner of a Parking Lot
FATHER
12. Name Elias Price
13. Birthplace Montgomery Cty, Md
MOTHER
14. Maiden name Mary A Armstrong
15. Birthplace Allegheny Cty, Md
16. Informant Deceased
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 12-1939 (month) (day) (year)
Cemetery or crematory Lincoln Memorial
Location Prince George Co- Md.
18. Funeral director Johnson & Jenkins
Address 265-3 Georgia ave N.W.
19. 8/9 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1939, at 3:40 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14, 1938, to Aug. 9 1939, and that I last saw him alive on Aug. 9, 1939.

Immediate cause of death Pulmonary Tuberculosis — DURATION 1 yr.
Due to — Hom. History
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 8/9/39
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08168

Reg. Dist. No. 24/3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 8 mo. 22 days
Stay in this community (yrs., or mos., or days): 1 yrs. 8 mo. 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2147 New York Place, N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Allie Pullman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	married

6 (b) Name of husband or wife: Victor Pullman
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 15, 1912

8. AGE: Years: 27 | Months: 2 | Days: 20 | If less than one day: hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER
12. Name: Wallace Turner
13. Birthplace: Kentucky

MOTHER
14. Maiden name: Nannie Creech
15. Birthplace: Kentucky

16. Informant: Deceased
Address:

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug 5, 1939
(month) (day) (year)

Cemetery or crematory:
Location: Washington, D.C.

18. Funeral director: Milton A. Nathan
Address: 424 8th St. N.W. D.C.

19. Aug 5th 39
(Date rec'd by registrar)
Registrar: Leo V. Schneider M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5, 1939, at 1:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13, 1937, to Aug. 5, 1939, and that I last saw her alive on Aug. 5, 1939 - 1939.

Immediate cause of death: Pulmonary tuberculosis — DURATION: 3 yrs. 8 mo.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Pinucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 8/5/39
Glenn Dale Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08169

Reg. Dist. No. 247

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 17 days
Stay in this community (yrs., or mos., or days): 17 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: ____ County: D.C.
City or town: Washington (If outside city or town limits, write RURAL NEAR and give town) Ward No.: ____
Street No.: 422 - 24th St N.E. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ____

3. (a) FULL NAME: Marian Grander

3. (b) Social Security Number: ____

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: Charles Grander
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August 9, 1906

8. AGE: Years: 32 | Months: 11 | Days: 29 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Washington D.C. (Town, county, and state)
10. Usual occupation: Printer's Assistant
11. Industry or business: Printing & Engraving

FATHER
12. Name: Eugene Stewart
13. Birthplace: Washington D.C.

MOTHER
14. Maiden name: Bessie Campbell
15. Birthplace: Washington D.C.

16. Informant: Deceased. Address: ____

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8 - - 1939 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Wash. D.C.

18. Funeral director: R. J. McGuire (per Richard Webb)
Address: 1820 - 9th St, n.w. Wash. D.C.

19. Aug 7, 1939 (Date rec'd by registrar) 19 39 Leo V. Almeida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 7 1939, at 11 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 21 1939 to Aug 7, 1939 and that I last saw h[illegible] alive on Aug 7, 1939

Immediate cause of death: Pulmonary tuberculosis — DURATION: 2 yrs. (from history)
Due to: ____
Due to: ____
Other conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of: ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ____
Means of injury: ____ Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: ____
Glenn Dale md.

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 243 — 08170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Pr Ges Co
City or town Bowie Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 yr. 10 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Queen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1910

8. AGE:

Years	Months	Days	If less than one day
28	10		hrs. min.

9. Birthplace Bowie Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Thomas Queen

13. Birthplace Davidson Md

MOTHER 14. Maiden name Mary Ellen Queen

15. Birthplace Anne Arundel Md

16. Informant Basil Queen
Address Bowie Md

17. Burial Date thereof Aug 21 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bowie Md
Location Bowie Md

18. Funeral director Clarence Forsacre
Address Mitchellville Md

19. Aug. 20 1939 W. L. Trott
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Thurs. 17, August 1939, at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30, 1939, to August 17, 1939 and that I last saw h alive on August 17, 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thomas L. Robinson M. D. or other
Address Bowie Md Date signed 8-28-39

EIVED
SEP 6 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131) CB

08365

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Prince Georges

City or town Parkland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland and Kentucky Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 814 - L St S.E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Anna Robey

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: George Walter Robey

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 10, 1854

8. AGE: Years 84 | Months 9 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington DC (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER

12. Name: — Molden

13. Birthplace: Washington DC

MOTHER

14. Maiden name: Sarah A. Scott

15. Birthplace: Washington DC

16. Informant: Grover C. Robey

Address: Parkland

17. (Burial, cremation, or removal. Which?) Date thereof: Aug 26 39 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location

18. Funeral director: Thomas F. Murray

Address: 2007 Nichols Ave SE

19. Aug 24 1939 (Date rec'd by registrar) L. O. Minear (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 24 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 22 1939, to Aug 24 1939, and that I last saw her alive on Aug 24 1939.

Immediate cause of death: Acute Congestive heart failure

Due to: Cardio vascular renal disease

Due to

Other conditions: [redacted]

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: James F Boyd M. D. or other

Address: Forestville Md Date signed: 8-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08171

1. PLACE OF DEATH

County Prince George Registration Dist. No. 235

Village or City Camp Springs Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? — yrs. mos. ds.

2. FULL NAME Dorothy Louise Ryce

(a) Residence: No. Route #4 Anacostia St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21-1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sales clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wicomico Md. Charles County

FATHER

13. NAME Thomas B Ryce

14. BIRTHPLACE (city or town) (State or country) St. Mary's

MOTHER

15. MAIDEN NAME Maggie Cox

16. BIRTHPLACE (city or town) (State or country) Dentsville Charles County

17. INFORMANT (Address) Maggie Ryce (Mother) Route #4 Anacostia

18. BURIAL, CREMATION, OR REMOVAL

Place Clinton Md. Date Aug. 4th, 1939

19. UNDERTAKER (Address) Wm. J. Nalley 522 8th St. S.E.

20. FILED Aug 2, 1939 L O Mureau Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 2, 1939

I last saw her alive on Aug 1, 1939; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Pulmonary	
Laryngeal	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James [illegible] M.D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 8 1939
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08172

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (95-2)

County Prince Geo Registration Dist. No. 239

Village or City near Laurel Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Horace Elmer Scott If U. S. Veteran, specify WAR

(a) Residence: No. Laurel Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 16th 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm R. Scott

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marcella Scott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Elijah J. Scott (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md Date Sept 2 1939

19. UNDERTAKER Floyd Leiper (Address) Laurel Md

20. FILED Sept 2, 1939 Cora E. Wachter Deputy. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 31 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1936, to 8-31, 1939

I last saw him alive on 8-31, 1939; death is said to have occurred on the data stated above, at 5:45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 8-29-39

Dther Contributory Causes of importance: Hypertensive C-V-disease 12-25-38

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J M Warren M. D.

(Address) Laurel Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

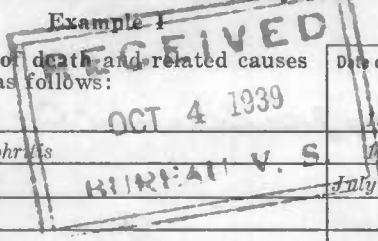
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08173

(151)

1. PLACE OF DEATH

County Prince George's Registration Dist. No. 242

Village or City Seat Pleasant No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. 11 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Spriggs If U. S. Veteran, specify WAR

(a) Residence: No. Seat Pleasant St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise Weedon Spriggs

6. DATE OF BIRTH (month, day, and year) Dec. 20, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Mitchellville (State or country) Md.

FATHER

13. NAME John Spriggs

14. BIRTHPLACE (city or town) Pr. Geo. Co. (State or country) Md

MOTHER

15. MAIDEN NAME Dolphin Norris

16. BIRTHPLACE (city or town) Pr. Geo. Co. (State or country) Md.

17. INFORMANT Louise Spriggs (Address) Seat Pleasant, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date 8/30, 1939

19. UNDERTAKER John T. Stewart (Address) 30-4th N.W.

20. FILED 8-30, 1939 Irene A. Bonner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 30, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to Aug 30, 1939

I last saw him alive on Aug 30, 1939; death is said to have occurred on the date stated above, at 1:10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1936
Hypertension	1935

Other Contributory Causes of Importance: Chronic Nephritis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harrison C. Belden M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook**—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 1 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08174

1. PLACE OF DEATH (93-C)

County Prince Georges Registration Dist. No. 245

Village or City near Hyattsville, Md No. Mother Jones Rest House Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 9 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Otto Stricker If U. S. Veteran, specify WAR Previous address

(a) Residence: No. near Hyattsville, Md St., Ward 5550 Manning Drive, Bradley Hills Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 1, 1855

7. AGE: Years 84 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Model Maker - retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U.S. National Museum

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation Many

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Julius Stricker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Smith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Lillie Mary Burgess Hyattsville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date 8/15, 1939

19. UNDERTAKER (Address) Joseph F. Birch's Son 3034 M. St. N.W. D.C.

20. FILED Aug. 15, 1939 Mrs. Jas. Devere Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1939, to August 15, 1939

I last saw him alive on August 13, 1939; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senility	1937
Other Contributory Causes of Importance: Chronic Myocarditis	1938

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. Allen Griffith M. D.

(Address) Berwyn, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted], WITH UNFADING INK—THIS IS A PERMANENT REC[redacted]very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08175

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Prince Georges

City or town Brandywine
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Brandywine Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Missouri Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Violetta Thomas

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Robert Lee Thomas

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1853

8. AGE: Years 86 Months 7 Days 0 If less than one day ___ hrs. ___ min.

9. Birthplace Bryantown Charles Co. Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John O'Brein
13. Birthplace Maryland

MOTHER
14. Maiden name Margaret Bryan
15. Birthplace Maryland

16. Informant John W. Smith
Address Brandywine Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 3/39 (month) (day) (year)

Cemetery or crematory Cemetery-Catholic upper Marlboro Md.

Location

18. Funeral director Huntt and Ryan
Address Waldorf, Md.

19. Aug 1 1939 (Date rec'd by registrar) L H Billingsley local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1939, at 6 15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Coronary occlusion

Due to myocardosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 8-1-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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08176

STATE OF MARYLAND—CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

County Prince George Registration Dist. No. 234

Village or City Friendly Md No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edgar J Thorne If U. S. Veteran, specify WAR ____

(a) Residence: No. Friendly, Maryland St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Maud Thorne

6. DATE OF BIRTH (month, day, and year) Jan 19 1864.

7. AGE Years	Months	Days	If LESS then 1 day, ____ hrs. or ____ min.
75	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Friendly, Maryland

FATHER

13. NAME William Thorne

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Thorne

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Florence Thorne (Address) Friendly, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place St. John's Episcopal Church Broadneck, Md Date August 5th, 1939

19. UNDERTAKER Thomas F. Murray (Address) 2007 Nichols Ave. SE Washington DC

20. FILED Aug 4, 1939 Mrs. Alton Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug 2, 1939

I last saw him alive on Aug 2, 1939; death is said to have occurred on the date stated above, at 5:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Colon	Feb. 1938

Other Contributory Causes of importance:

Aneurysm of decending thoracic aorta unknown Secondary anemia 1939

Name of operation none Date of —

Whet test confirmed diagnosis? X-Ray of Intestines Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? — Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Paul C Van Yalta M. D.

(Address) Bennings D.C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1931*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

08177

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Pr. Geo Co.
City or town Fitchie Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pr. Geo Co. Alms House
Stay in hospital or inst. (yrs., or mos., or days) 6 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geo Co.
City or town Berwyn Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4d + Pr. Geo. St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Isabella May Tripp

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife
6(c) If e1ive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1860

8. AGE: Years 79 | Months 2 | Days 15 | If less than one day hrs. min.

9. Birthplace Boston Mass.
(Town, county, and state)

10. Usual occupation Kept house

11. Industry or business own home

FATHER 12. Name Hiram Bradford Tripp
13. Birthplace Conn.

MOTHER 14. Maiden name Mary Kenyon
15. Birthplace Mass.

16. Informant Records Pr. Geo. Co Alms House
Address Rte 1 Benning Sta D.C.

17. Removal Date thereof Aug 3, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory
Location Hyattsville, Md.

18. Funeral director W. Gasch's Sons
Address Hyattsville, Md.

19. Aug 3 1939 Thos D Griffith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1939, at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1939 to Aug 3 1939, and that I last saw h er alive on July 31 1939

Immediate cause of death Cerebral hemorrhage — DURATION 8 days

Due to arteriosclerosis and hypertension Cardiovascular Renal disease — 20+3 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Scott Patchie M.D.
M. D. or other
Address Rte 1 Benning Sta D.C. Date signed Aug 3 1939

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08178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Chillum
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chillum Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME unknown

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Premature 6 months

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden name unknown
15. Birthplace unknown

16. Informant

Address

17. Burial (Burial, cremation, or removal, Which?) Date thereof Aug 9, 1939 (month) (day) (year)

Cemetery or crematory Evergreen

Location Bladensburg, Md.

18. Funeral director Francis Gasch's Sons

Address Hyattsville, Md.

19. Aug 9 1939 (Date rec'd by registrar) F. Mc Norgle. LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1939, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Date signed 8-8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08179

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chewton Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Prince Georges

City or town New Bohemia Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Christine Zajic

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter Zajic

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1885

8. AGE:

Years	Months	Days	If less than one day
54	8	9	hrs. min.

9. Birthplace Mucoda Wisconsin (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Jacob Chezik

FATHER 13. Birthplace Czecho-slovakia

MOTHER 14. Maiden name Rosa Lawrence

MOTHER 15. Birthplace Czecho-slovakia

16. Informant Walter Zajic

Address Chewton Ave Hillside

17. Removal. (Burial, cremation, or removal. Which?) Date thereof 8-18-39. (month) (day) (year)

Cemetery or crematory

Location Petersburg Va.

18. Funeral director W. W. Chambers Co.

Address Riverdale Md.

19. 8-18-1939 Gene A. Bonner

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~

19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Acute congestive heart failure

Due to myocondosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md. Date signed 8-19-39

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